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SUBMITTED BY		Complete (#	Complete (if applicable)		
Name (Print/Type)	Tyler Parr, Ph.D.	Registration No. (Attorney/Agent)	Telephone	(323) 865-0506	
Signature	TyPern		Date	29 Jun 02	

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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Application Number	09/853.501
Filing Date	04/16/2001
First Named Inventor	Tyler Parr
Art Unit	1615
Examiner Name	Robert M Jounes
Attorney Docket Number	<u> </u>

			U.S. PATE	NT DOCUMENTS	
Examiner Cit Initials No	e F	ument Number er- Kind Code ² (if known	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		5855920 4411890 5576351 6166077 5240961 5817329	01-05-1999 10-25-1983 11-19-1996 12-26-2000 08-31-1993 10-06-1998	Yoshimura et al. De Simone	JUL 16 2007 PPPPPP

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Filing Date	04/16/2001	<u>1</u>
First Named Inventor	Tyler PerrathD	18
Group Art Unit	1615	/290
Examiner Name	Robert M. Joynes	
Attorney Docket Number)

	, ,	OTHER PRIOR ART NON PATENT LITERATURE DOCUMENTS	
Examiner Initials	Cite No. 1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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	(use as many she	ets a	s necessary)	Examiner Name	Robert M. Jounes		
Sheet	3	of	4	Attorney Docket Number			

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Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the 12. Rear (நச்சு) நடுந்துக்கு நடித்து ந	T ²
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4 of 4	Attorney Docket Number					

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Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²	ישטו
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